

PATENT RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 1765

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 4, 2004.

Appl No.

: 09/909,358

Confirmation No. 1227

Applicant

: Miri Park, et al.

Filed

: July 18, 2001

Title

: METHOD AND APPARATUS FOR FABRICATING COMPLEX

GRATING STRUCTURES

TC/A.U.

: 1765

Examiner

: Kin Chan Chen

Docket No.

: 40682/SAH/T539

Customer No.: 23363

AMENDMENT AFTER FINAL ACTION

Mail Stop AF

Commissioner for Patents

Post Office Box 7068

P.O. Box 1450

Pasadena, CA 91109-7068

Alexandria, VA 22313-1450

March 4, 2004

Commissioner:

In response to the Office action of December 5, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

03/10/2004 TLUU11 00000004 09990358



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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Applicant

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Application No.

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Grp./Div.

: 1765

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PostOffice Box 7068 Pasadena, CA 91109-7068

March 4, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

•	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	31	*29	2	x \$9.00	2 x \$18.00	36
Independent Claims	2	** 3	0	x \$43.00	x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE						36
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					C

LIST INDEPENDENT CLAIMS: 1, 25 and 30

Attached is our check for \$36.00 to pay the fees calculated above. A Petition for Extension of Time and the required fee are enclosed.

^{*} IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS; WRITE "20" IN COLUMN 3
***IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS; WRITE "3," IN COLUMN 3

^{****} PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME

^{**} IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON FEE AMENDMENTS"

Amendment Transmittal Letter Application No. 09/909,358



Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By

Jun-Young E. Jed Reg. No. 43,693 626/795-9900

JEJ/cam

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